Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000082840 3)))



H120000828403ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TOI

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please.\*\*

B11	Address:	
	MANAE DODE	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROSSFIT BATTLE L.L.C.

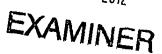
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

MAR 29 PH & 17

Electronic Filing Pauk Corporate Filing Menu

Help

MAR 3 0 2012



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROSSFIT BATTLE L.L.C.				
(Name of the Limited Liabil (A Florid	ity Company as a Limited Liabili	it now appea ty Company)	rs on our record	and assigned
The Articles of Organization for this Limited Liability	Company were	filed on 02/	29/2012	and assigned
Florida document number L12000029252				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability o	ompany he	<u>:e</u> ;	
POPE FITNESS, L.L.C.				
The new name must be distinguishable and end with the w L.L.C."	vords 'Limited Li	ability Comp	my," the designat	ion "LLC" or the abbrev
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADL	DRESS)			
Enter new meiling address, if applicable:				
Moiling address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or regis		ddress on (	our records, <u>er</u>	iter the name of the
Mailing address MAY BE A POST OFFICE BOX)  I. If amending the registered agent and/or regis		iddress on (	our records, <u>er</u>	iter the name of the
Mpiling address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered agent and/or the new registered office ad				
Moiling address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:			our records, <u>er</u> nter Florida stre	
· · · · · · · · · · · · · · · · · · ·		(E)		et address)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

H12000082840 3

H12000082840 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>tle</u>	<u>Name</u>	Address	Type of Actie
			A 13
			Add
			Add
			Remove
			<del></del>
			Adri
		-	Remove
			Add
If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if no	ecessury.)
			<u></u>
ed <u>March</u>			
		1. 3	
		r or authorized representative of a member	

Page 2 of 2

H12000082840 3